

Acknowledgement of Receipt of
Notice of Privacy Policies

I, _____, have received a copy of
Offerdahl and Associate's Notice of Privacy Policies.

Name (print)

Signature

Date

PATIENT NAME: _____

EMAIL ADDRESS: (PRIMARY) _____

(SECONDARY) _____

PHONE NUMBERS – PLEASE INDICATE BEST NUMBER TO CALL:

0 _____ (HOME)

0 _____ (CELL)

0 _____ (WORK)

- I WOULD LIKE EMAIL CONFIRMATIONS ONLY FOR MY APPOINTMENTS
- I WOULD LIKE BOTH EMAIL AND PHONE CONFIRMATIONS
- I WOULD LIKE PHONE CONFIRMATIONS ONLY